

**CVMA INSURANCE SERVICES  
VETERINARY STUDENT PROFESSIONAL LIABILITY INSURANCE APPLICATION**

Underwritten by Fireman's Fund Insurance Company

*INDIVIDUAL STUDENT INFORMATION:*

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone-Residence: \_\_\_\_\_ Phone-Cell: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

CHECK ONE: 1<sup>st</sup> Year Student \_\_\_\_\_ 2<sup>nd</sup> Year Student \_\_\_\_\_ 3rd Year Student \_\_\_\_\_ 4th Year Student \_\_\_\_\_

*This insurance is only available to students enrolled in the veterinary school programs at either UC Davis, Davis, CA or Western University, Southern California. Please check school you attend: UCD \_\_\_\_\_ WU \_\_\_\_\_*

Student CVMA Membership Number: \_\_\_\_\_

<b><u>Professional Liability Limits of Coverage:</u></b>	<b><u>Annual Premium:</u></b>
<b>\$1,000,000 each occurrence/\$2,000,000 aggregate</b>	<b>NO charge as a CVMA student member benefit (\$192 Premium Value)</b>
<b><u>Veterinary Medical Board Legal Defense Coverage</u></b>	
<b>\$100,000 is included</b>	

**Coverage will be placed in effect at 12:01 a.m. the day following receipt of this completed enrollment form.**  
*I hereby declare that the above information is true and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for Veterinary Professional Liability insurance I am applying for and I understand it is for my own individual protection.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

**Please mail, email or fax the completed form to:**  
 Veterinary Insurance Services Company  
 1400 River Park Drive, #180  
 Sacramento, CA 95815  
 Fax: 916-921-2266 / Email: apps@visc-ins.com

If you have any questions, contact Leia Montes de Oca at 888-762-3143  
 VISC License #0F64180